



Missouri Community Service Commission

AMERICORPS PROGRAM SITE VISIT SELF-EVALUATION

Section #1: Program Directors | Section #2: Fiscal Office Directors



Organization Name	
AmeriCorps Project Name	
Grant Year (MM/DD/YYYY - MM/DD/YYYY)	
Individual Who Performed the Site Visit Self-Evaluation's Name and Title	
Site Visit Self-Evaluation Completion Date (MM/DD/YYYY)	

Purpose

The Missouri Community Service Commission (MCSC) conducts site visits of its sub-grantees (programs) to ensure compliance with AmeriCorps grant terms and conditions, to evaluate the quality of services provided to the community, and to assess the service experience of the AmeriCorps members. The site visit allows the MCSC to review and evaluate sub-grantee records, accomplishments, organizational procedures and financial control systems; to conduct interviews; and to provide technical assistance as necessary.

Background Information

The AmeriCorps grant terms and conditions are binding on the recipient of federal funds provided by the Corporation for National and Community Service (CNCS). By accepting funds under this grant, the grantee agreed to comply with the AmeriCorps grant terms and conditions, all applicable federal statutes, regulations and guidelines, and any amendments thereto. The grantee agreed to operate the funded program in accordance with the approved grant application and budget, supporting documents, and other representations made in support of the approved grant application. The grantee also agreed to include in all sub-grants the applicable terms and conditions contained in this award.

For the purposes of these terms and conditions, AmeriCorps refers to AmeriCorps State, AmeriCorps National and AmeriCorps Tribes and Territories Programs only. All applicable terms and conditions of the grant including federal regulations, OMB Circulars, and applicable state regulations that are incorporated by reference shall apply to any grantee, sub-grantee, and other organizations carrying out activities under this award.

Instructions

Evaluate your programmatic and fiscal processes and procedures in the outlined categories. Respond to each question and attach supporting documentation as requested. Provide the complete site visit self-evaluation to your designated MCSC program officer no later than the date of the site visit or as requested by your assigned program office.

SECTION #1: PROGRAM DIRECTOR SELF-EVALUATION

COMMITMENT TO AMERICORPS IDENTIFICATION

Is the organization clearly identified to the public as an AmeriCorps program (signage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are program participants clearly identified as AmeriCorps members?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have all AmeriCorps members been provided with service gear with the AmeriCorps logo?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are members required to wear service gear while in service and/or to special events as appropriate per AmeriCorps guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program use the AmeriCorps name and logo on materials viewed by or distributed to the public? Attach copies of stationary, application forms, recruitment brochures, Member curriculum, signs (if feasible), press releases and publications created by AmeriCorps members.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program, within reasonable limits, arrange for AmeriCorps members to participate in National Days of Service or events sponsored by CNCS or MCSC (e.g., MLK Day of Service, AmeriCorps Week, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Does the program ensure the AmeriCorps name and logo is not used in connection with the below activities:</p> <ul style="list-style-type: none"> • Attempting to influence legislation • Organizing or engaging in protests, petitions, boycotts, or strikes • Assisting, promoting or deterring union organizing • Impairing existing contracts for services or collective bargaining agreements • Engaging in partisan political activities or other activities designed to influence the outcome of an election to any public office • Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials • Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<p>inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization</p> <ul style="list-style-type: none"> • Providing a direct benefit to: (i) a for-profit entity; (ii) a labor union; (iii) a partisan political organization; (iv) an organization engaged in the religious activities described in the preceding sub clause, unless Grant funds are not used to support the religious activities; or (v) a nonprofit entity that fails to comply with the restrictions contained in section 501(c)3 of U.S. Code Title 26 • Engaging in voter registration drives or activities <p>If you answered “no” to any of the above questions, please provide an explanation</p>	
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PROGRAM STAFF: NATIONAL SERVICE CRIMINAL HISTORY CHECKS

<p>Has program staff assigned to the grant prior to November 23, 2007 provided written self-certification of not being convicted of murder as well as cleared a National Sex Offender Registry Check?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Has program staff assigned to the grant between November 23, 2007 and September 30, 2009 cleared a National Sex Offender Registry Check as well as a state criminal record check (if having access to vulnerable populations) or provided self-certification of not being convicted of murder (if having no access to vulnerable populations)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Has program staff assigned to the grant between October 1, 2009 and April 20, 2011 cleared a National Sex Offender Registry Check as well as a state criminal record check?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Has program staff assigned to the grant on or after April 21, 2011 cleared the 3-part National Service Criminal History Check procedure (if having access to vulnerable populations) or completed a National Sex Offender Registry Check and state criminal record check (if having no access to vulnerable populations)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>If you answered “no” to any of the above questions, please provide an explanation.</p>	

MEMBER PARTICIPATION (ENROLLMENT & RETENTION)

<p>What was the number of member slots approved in the grant application?</p>	
<p>What is the current number of enrolled member slots?</p>	
<p>Have any members been released for cause? If yes, please explain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Have any members been released for compelling circumstances? If yes, please explain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Have any members been temporarily suspended? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you imposed a fine on a member for disciplinary reasons? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did you communicate with your assigned MCSC program officer any member status changes noted above? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please explain any differences in awarded slots vs. currently enrolled slots not specified above.	
MEMBER RECRUITMENT & SELECTION	
Has the program sought to recruit Members from the community in which the project is conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the program sought to recruit a diverse corps (AmeriCorps members of diverse ethnicities, genders, ages, socioeconomic backgrounds, education levels, and mental/physical capability, to the extent the approved program design allows)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program select as AmeriCorps members only those individuals who meet the minimum eligibility requirements to serve in an AmeriCorps program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program assign members to projects appropriate to their skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program enter into eGrants and OnCorps an AmeriCorps member's enrollment in and exit from the term of service within 30 days of the effective date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program enter into eGrants and OnCorps an AmeriCorps member's change in status (e.g., suspension, reinstatement, etc.) within 30 days of the effective date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program enter into eGrants and OnCorps an AmeriCorps member's change in term of service (e.g., from full-time to less-than-full-time) within 30 days of the effective date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you answered "no" to any of the above questions, please provide an explanation.	

MEMBER SCREENING: NATIONAL SERVICE CRIMINAL HISTORY CHECKS

Did the program conduct a National Sex Offender Registry Check on each enrolled AmeriCorps member prior to the first day of service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If AmeriCorps members <u>do not</u> have recurring access to vulnerable populations, did the program conduct either a FBI fingerprint-based check OR the state criminal history check (including the state of service and the state of residence) on each member, noting that checks must be initiated no later than the first day of service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If AmeriCorps members have recurring access to vulnerable populations, did the program conduct both a FBI fingerprint-based check AND the state criminal history check (including the state of service and the state of residence) on each member, noting that checks must be initiated no later than the first day of service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did the program conduct a new National Service Criminal History Check procedure for 2nd year AmeriCorps members with a lapse in service of 120 days or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did the program provide and document proof of accompaniment for AmeriCorps members with pending criminal history check results until either the results of the FBI or state were received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did the program complete a Criminal History Check Clearance Letter for each member in service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you answered “no” to any of the above questions, please provide an explanation.	
Please list repository/provider your program uses for FBI and state criminal history checks.	
If applicable, please describe your program’s procedure for documenting proof of accompaniment.	

MEMBER TRAINING & SUPERVISION

Does the program conduct a New Member Orientation for AmeriCorps members at the commencement of service that complies with requirements outlined by CNCS? Attach an orientation agenda and a copy of sign-in sheets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program ensure that AmeriCorps members sign a MCSC-approved Member Contract prior to orientation, trainings, or performing service activities? Note: The Corporation requires that members sign a member contract before commencement of any service activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program provide AmeriCorps members with a Member Manual? Attach a copy of the Member Manual, if applicable.	<input type="checkbox"/> Yes

	<input type="checkbox"/> No <input type="checkbox"/> N/A
Have AmeriCorps members received CPR and First Aid certification per MCSC requirements? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have AmeriCorps members received citizenship training per MCSC requirements? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have AmeriCorps members received disaster/emergency response training per MCSC requirements? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program provide AmeriCorps members with the training, skills, knowledge and supervision necessary to perform service activities? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program provide AmeriCorps members with adequate supervision by qualified site supervisors in accordance with the approved grant application? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the program noted any challenges in member supervision at service site locations? If so, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
MEMBER SERVICE ACTIVITIES & TIMETRACKING	
Do any AmeriCorps members' service activities include any of the following: <ul style="list-style-type: none"> • Raising funds for his/her living allowance? • Raising funds for an organization's operating expenses or endowment? • Writing grants for AmeriCorps funding or any other funding provided by CNCS? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do any AmeriCorps members perform duties that displace or duplicate those of an employee of the organization or service site location? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How does the program ensure that AmeriCorps members are not performing the duties of employees of the organization and/or service site location? (N/A for Professional Corps programs.)	
Does the program ensure that each AmeriCorps member has sufficient opportunity to complete the required number of service hours to qualify for his or her education award? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are AmeriCorps members kept up-to-date on their progress towards completing the required number of service hours? If	<input type="checkbox"/> Yes <input type="checkbox"/> No

no, please explain	<input type="checkbox"/> N/A
At this time, are all AmeriCorps members on track to complete their required number of service hours by their originally anticipated service completion date? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If applicable, what is being done to assist members who may be having trouble completing their service hours?	
Does the program encourage (but not require) eligible AmeriCorps members to register to vote?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program have a policy to allow AmeriCorps members to serve on a jury without being penalized for doing so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
MEMBER RECORDS & CONFIDENTIALITY	
Does the program maintain records that document each AmeriCorps member's eligibility to serve and the successful completion of all program requirements? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program maintain completed I-9 forms for all enrolled AmeriCorps members?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program review/record or retain copies of the appropriate documents to verify citizenship eligibility requirements (e.g., driver's license, birthcertificate, etc.)? If no, please explain. Note: The Corporation does not require programs to make and retain copies of the actual documents used to confirm age or citizenship eligibility requirements as long as the grantee has a consistent practice of identifying the documents that were reviewed and maintaining a record of review.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program obtain from the member – and maintain in the member's file – a copy of the member's high school diploma, its equivalent, a written declaration under penalty of law that the member meets the requirements relating to high school education, or a copy of the supporting independent evaluation if a member has been determined to be incapable of obtaining a high school diploma? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program obtain prior written consent of all AmeriCorps members before using their names, photographs, and other identifying information for publicity, promotional or other purposes? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program conduct and keep a record of written mid-term and/or end-of-term evaluations of each member's performance focusing on: 1) whether the member completed the required number	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<p>of hours; 2) whether the member has satisfactorily completed assignments; and 3) whether the member has met any other performance criteria clearly communicated at the beginning of the term of service? If no, please explain.</p> <p>Note: Programs must conduct a mid-term and end-of-term evaluation on full- and half-time members. Less-than- half-time members are required to have an end-of-term evaluation.</p>	
<p>Are the following documents maintained in a separate, locked, and secured file cabinet with limited access to authorized personnel: a copy of an AmeriCorps member’s criminal record check that is not clean; any documentation (records, correspondence, etc.) related to an AmeriCorps member’s medical history or condition(s); any correspondence to the program from an AmeriCorps member or other official that refers to an item confidential in nature (e.g., criminal record information, medical information, etc.)? If no, please explain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Has an AmeriCorps member been seriously injured during service hours? If yes, please explain.</p> <p>Note: The program must report serious injuries to the appropriate MCSC program officer immediately.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>What procedures does the program have in place to deal with AmeriCorps members who experience serious injuries or illness (e.g., process to make up missed hours, suspension from the term of service, etc.)?</p>	
GENERAL PROGRAM QUESTIONS	
<p>Please describe the AmeriCorps program’s role within your organization. For example, how does the program complement or enhance overall services provided by the organization?</p>	
<p>If applicable, how is the AmeriCorps program creative or innovative compared to similar interventions?</p>	
<p>What is the overall strength(s) of the AmeriCorps program?</p>	
<p>What is the internal or external challenge(s) the AmeriCorps program faces?</p>	
<p>How has the AmeriCorps program made a difference in the community/communities served?</p>	
<p>How does the program provide the framework for its AmeriCorps members’ personal and professional development during the term of service?</p>	
<p>How would the program rate the esprit de corps of its AmeriCorps members?</p>	

How often do you communicate with the sponsoring/funding agency (MCSC) and partner service sites?	
Has your organization experienced any recent turnover of staff who dedicate all or a portion of time to the AmeriCorps program (within the last 12 months)? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Would service activities performed by AmeriCorps members be sustainable if CNCS funds were to diminish or completely dissolve? If no, please explain.	
Is the program actively leveraging financial support from the community to ensure the sustainability of the AmeriCorps project in the case of diminished or dissolved CNCS (federal) funds? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
PROGRAM SUCCESS MEASURES	
Are program staff AND AmeriCorps members made aware of the performance measures outlined in the approved grant application? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the program currently on track in meeting performance measure goals outlined in the approved grant application? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the program collected baseline data to accurately measure progress towards performance measure objectives? If no, please explain. Provide a copy or summary of the baseline data collected.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the program reviewed data collection methods to ensure they meet the requirements outlined by CNCS in the Performance Measures Instructions? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
TRAINING & TECHNICAL ASSISTANCE	
Are there any aspects of AmeriCorps grant and/or programmatic requirements that may be confusing to you? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you need additional information or support to fully comply with AmeriCorps program management requirements (e.g., member documentation requirements, criminal history check requirements, member training and supervision requirements, etc.)? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you clear on the performance measure progress reporting requirements specific to the AmeriCorps grant? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

RECORDS RETENTION

The program must retain and make available all financial records, supporting documentation, statistical records, evaluation and program performance data for 3 years from the date of the submission of the final Federal Financial Report (FFR) submitting by the state commission. If an audit is started prior to the expiration of the 3-year period, the records must be retained until the audit findings involving the records have been resolved and final action taken. Member information and records must be retained for 7 years after the member service completion date. **Please attach a copy of your records retention policy.**

CERTIFICATION OF PROGRAM DIRECTOR

I certify that the above information is true and accurate to the best of my knowledge.

Signature

Title

Date

SECTION #2: FISCAL OFFICER SELF-EVALUATION

Purpose: The purpose of this section is to obtain an understanding of the program's fiscal systems, policies and procedures. Based upon past fiscal performance, all or some of the following questions will be asked of the program's fiscal officer to determine HOW each item is completed, WHO is responsible for completion, WHO is involved in the transaction and WHY the system works best for the organization.

GENNERAL FISCAL QUESTIONS

How does the program track expenditures for AmeriCorps programs separately from other expenditures?

How does the program track match to ensure match is not used for another program?

Is the program using other federal funds as match to the AmeriCorps grant? If yes, do have written authorization from the federal agency on file?

Yes
 No
 N/A

Does the program track in-kind match? If yes, please describe how the program documents in-kind contributions.

Yes
 No
 N/A

How often does the program compare actual expenditures to the approved budget (e.g., monthly, quarterly)? Please provide an

explanation if the program does not have a procedure for comparing actual expenditures to the approved budget.	
Is signature authority on purchases and checks shared between several employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program have written internal controls for financial processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are equipment purchases in compliance with MCSC requirements? Note: Equipment is defined as tangible property with a useful life of more than one year and value of \$5,000+ per unit. MCSC does not permit sub-grantees to purchase equipment with federal funds.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program have adequate general liability coverage for the organization, employees, and AmeriCorps members, including coverage of members engaged in on-site and off-site service activities? Attach supporting documentation of general liability coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program perform annual audits of financial statements? If yes, when was the completion date of the last audit and for what fiscal year? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the program is required to conduct A-133 audits, were there any findings? If yes, please describe any findings. If applicable, please describe any findings specific to AmeriCorps funding. If applicable, please describe the corrective actions implemented.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
MEMBER LIVING ALLOWANCES, OTHER IN-SERVICE BENEFITS & TAXES	
Does the program pay the member living allowance in regular increments, such as weekly or bi-weekly? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have member living allowance payments ever fluctuated based on the number of hours served in a particular time period? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If disciplinary fines are imposed on members, are fines deducted only from the match portion of the member living allowance? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program pay FICA for its members or have a ruling from the Social Security Administration or the IRS specifically exempting its AmeriCorps members from FICA requirements? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the program provides a living allowance, does the program withhold federal and state personal income taxes from member	<input type="checkbox"/> Yes <input type="checkbox"/> No

living allowances? If no, please explain.	<input type="checkbox"/> N/A
Did each AmeriCorps member receiving a living allowance complete a federal and state W-4 form at the beginning of service? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program provide a W-2 form for the applicable tax year to each AmeriCorps member receiving a living allowance? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program provide Worker's Compensation for its AmeriCorps members? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the program is not required to provide Worker's Compensation, does the program have Occupational, Accidental, Death and Dismemberment Insurance for its AmeriCorps members? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program offer and/or provide healthcare coverage for its full-time members not otherwise covered by a health care policy? If yes, list the healthcare provider used. If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If members do not elect healthcare coverage, does the program have members complete a written waiver to be kept in the member's file? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are full-time members made aware of childcare benefits available through the CNCS-contracted provider if such assistance is needed in order to participate in the AmeriCorps program? If no, please explain. Note: Members are not allowed to receive childcare from AmeriCorps while receiving childcare from other sources for the same period of AmeriCorps service.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the program notify the CNCS's designated agents immediately in writing when an AmeriCorps member's status changes, such that it would affect eligibility for healthcare or childcare? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
TRAINING & TECHNICAL ASSISTANCE	
Do you need additional information or support to fully comply with AmeriCorps fiscal management requirements? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you clear on the financial reporting requirements specific to the AmeriCorps grant? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Are you clear on the audit requirements specific to a program receiving AmeriCorps and/or federal funds? If no, please explain.

- Yes
- No
- N/A

CERTIFICATION OF PROGRAM FISCAL OFFICER

I certify that the above information is true and accurate to the best of my knowledge.

Signature

Title

Date